## Risk Factor Assessment Checklist for Reporting to NE-EHDI

Date:	PLACE PATIENT LABEL HERE IF AVAILABLE		
Event type:   Inpatient Screening			
□ Outpatient Screening			
Name:	DOB:	MRN:	
Physician:			
Joint Committee on Infant Hearing (JCII			
Perinatal:	,		
<ul> <li>□ Birth conditions or findings such</li> <li>□ Craniofacial malformation</li> <li>microphthalmia</li> <li>□ Congenital microcepha</li> <li>□ Temporal bone abnorm</li> <li>□ Syndromes associated</li> </ul>	e than 5 days age transfusion regardless of let for more than 5 days** Encephalopathy genation (ECMO)* pes, rubella, syphilis, toxoplash h as: ions including microtia/atresia, aly, congenital or acquired hydronalities	mosis, cytomegalovirus (CMV), Zika ear dysplasia, oral facial clefting, white forelock, and ocephalus ve or late-onset hearing loss. (For information on the	
Perinatal/Postnatal:			
viral (especially herpes viruses  Events associated with hearing	and varicella) meningitis, or en loss:	·	
<ul><li>☐ Significant head trauma</li><li>☐ Chemotherapy*</li></ul>	a, especially basal skull/tempor	rai done tractures	
• •	□ Caregiver concern**** regarding hearing, speech, language, or developmental delay		
* Infants at increased risk of delayed onset **Infants with toxic levels or with a known of ****Syndromes (Van Camp & Smith, 2016) ****Parental/caregiver concern should always	genetic susceptibility remain at risk		

Please fax to NE-EHDI if infant has one or more risk factors:

402-742-2395



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DEPT. OF HEALTH AND HUMAN SERVICES
EARLY HEARING DETECTION & INTERVENTION PROGRAM

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